



**Testimony of Dr. Tregony Simoneau, Co-Director of the Asthma Center,  
Connecticut Children's Medical Center,  
to the Appropriations Committee regarding  
Easy Breathing in the Department of Public Health Budget for Fiscal Years 2018-2019**

**February 23, 2017**

Senator Osten, Senator Formica, Representative Walker, members of the Appropriations Committee, thank you for the opportunity to speak with you today. My name is Dr. Tregony Simoneau, and I am the new Co-Director of the Asthma Center which was previously under the leadership of Dr. Michelle Cloutier. I am also a pediatric pulmonologist at Connecticut Children's Medical Center and Assistant Professor of Pediatrics at the University of Connecticut School of Medicine. I am submitting this testimony as a pediatrician and lung specialist in support of restoring funding for Easy Breathing in the State budget.

Asthma is the most common, chronic disease of children and the leading cause of school absenteeism. Asthma disproportionately affects low income children and children of color. In 2014, Connecticut spent over \$135 million for acute asthma care of which 76% or \$102 million was paid for by public funds through the Medicaid and Medicare programs.

The primary reason for high asthma morbidity and the associated cost is under-recognition of asthma, especially in children, along with inadequate or inappropriate treatment. The Easy Breathing program has been improving asthma management and care for children in Connecticut since 1998 and more recently for adults. Easy Breathing is an evidence-based, proven effective, asthma management program for primary care clinicians that guides physicians in diagnosing asthma and in instituting appropriate asthma therapy. Since 2002, Easy Breathing has been supported in Connecticut with Tobacco Settlement funds and last year by the Biomedical Research Trust Fund. Funding for Easy Breathing is not included in the Governor's proposed budget. We are requesting that the funding be restored for this program for the following two reasons.

- **Easy Breathing serves all of the children in Connecticut.** To date, more than 153,000 children in Connecticut have been screened for asthma and more than 41,000 children with asthma have been identified and now receive appropriate asthma treatment. These children live in 159 of the 169 cities and towns in our state. With this greater recognition and appropriate treatment, these children have fewer emergency room visits and hospitalizations. In addition, they have fewer missed school days. Easy Breathing for Schools is a new program which directly improves asthma education of school nurses and includes them in the child's asthma management. Pilot data from this program has shown an almost 12% decrease in school absenteeism for children with asthma.

- **Easy Breathing saves the State of Connecticut money.** For every dollar that the State spends on a child with asthma, it saves \$3.58 per year in reduced Medicaid spending. Medicaid children enrolled in Easy Breathing experienced a 22.2% decrease in Emergency Room visits and a 14.5% decrease in hospitalizations in 2015 compared to 2014 resulting in a cost savings to Medicaid of \$2.5 million.

Easy Breathing is now being used in 5 other states with similar favorable results. It is a national model for improving asthma care for large numbers of children in a cost effective manner and has won national awards from the Environmental Protection Agency for its success. I have attached to my testimony an article published recently in the Hartford Courant.

I urge you to restore funding for Easy Breathing in the State budget because it improves health outcomes for children with asthma and the dollars it saves Medicaid far exceed the State appropriation that supports the program.

Thank you for your consideration of our position. If you have questions about this testimony, please contact Jane Baird, Connecticut Children's Director of Government Relations, at 860-837-5557.

# Asthma ER Visits And Hospitalizations Drop In Many Communities

The Hartford Courant, September 15, 2016

Recent data from the Connecticut State Department of Public Health shows mixed progress in the fight to get fewer people using the emergency room for their asthma symptoms.

**JODIE MOZDZER GIL** Conn. Health I-Team Writer

The rates of asthma-related emergency room visits and hospitalizations dropped in many Connecticut communities, the latest data from the state Department of Public Health show.

Overall, 58 percent of communities saw a decrease in the age-adjusted rate of emergency room visits, while 63 percent saw a decrease in the rate of hospitalizations for asthma, according to a C-HIT analysis of the data. Some 36 percent saw improvement in both areas. The data compares age-adjusted rates for each town for 2005-2009 and for 2010-2014 per 10,000 people.

Meanwhile, the state's overall rate for emergency room visits in 2014 was lower than in recent years but still higher than 10 years ago. The 2014 rate was 66.2 visits per 10,000 people, down from a rate of 73 in 2011, [according to a state health scorecard](#).

The rates help state health officials determine how well the 9.2 percent of adults and 10.5 percent of children with asthma in Connecticut manage the disease. The illness cost \$135 million in hospital care in 2014, according to Connecticut hospital discharge data, [an increase of about \\$22 million since 2009](#).

"This is a problem that everyone is looking at," said Daun Barrett, the director for Community Outreach and Parish Nursing at [Griffin Hospital](#) in Derby, which serves the lower Naugatuck Valley.



Daun Barrett, center, the director of Community Outreach and Parish Nursing at Griffin Hospital in Derby, gathers contact information from nurses concerned about asthma after a community meeting at the hospital Aug. 9. Barrett

and other health officials are pushing for more asthma education in the region to help people better manage the disease. (Griffin Hospital / Griffin Hospital/HANDOUT)

### **Asthma Management: Bright Spot**

Several towns in the Naugatuck Valley saw some of the biggest improvements in emergency room visit rates, the data show.

The improvements can be attributed to better education, more physician focus on asthma, and Putting on Airs, a state-sponsored home visit program that regional health departments have implemented, Barrett said.

In Derby the emergency room rate decreased from 115.9 visits per 10,000 people to just 78 in the latest data. In Ansonia the decrease was from 120.7 to 94.7. Seymour dropped from 70.7 to 46.2 while Beacon Falls decreased from 46.7 to 24.5.

Still, the emergency room at Griffin averages one patient a day with asthma symptoms, not counting those who end up being admitted, Barrett said.

"We want to see a decrease in emergency room visits," Barrett said. "When you have to go to the emergency room, it's a quick fix, not a long-term approach."

### **Mixed Results**

The state's cities continue to have high rates of hospitalizations and emergency room visits for asthma. While some of those rates decreased in the most recent data, others saw increases in both measures.

New Haven had the highest rate statewide of hospitalizations in both 2005-2009 and 2010-2014, although its rate had dropped in the most recent data from 63.4 to 54.6. The city saw a slight decrease in emergency room visits, from 136.6 to 132.8.

In Hartford, 216.6 people per 10,000 used the emergency room for asthma in 2005-2009. The rate increased to 247.1 in the latest figures, the highest in the state. The rate of those who were admitted to the hospital increased from 35 to 37.6 during the same time frame.

Bridgeport had the state's third highest rate of hospitalizations in 2010-14, at 29 people per 10,000. The rate had increased from 27.5 in 2005-2009. Bridgeport's emergency room visit rate increased during the same time, from 126.3 to 131.4.

State officials don't know precisely why the town-by-town numbers fluctuate.

Marie-Christine Bournaki, director of the state Department of Public Health's asthma program, said the statistics "allow us to identify where the hotspots are, and that's where, from a program perspective, we strategize intervention in those particular regions."

### **Easy Breathing**

Easy Breathing, developed in 1998 by Dr. Michelle Cloutier, director of the Asthma Center at [Connecticut Children's Medical Center](#), helps doctors diagnose asthma and then treat it based on guidelines from the National Asthma Education and Prevention Program.

The program essentially takes research-based best practices in treating asthma and simplifies them into color-coded charts and one-page questionnaires.

"She did all the work to make it easy," said Dr. Ronald Angoff, who is with Pediatric and Medical Associates PC in Cheshire and New Haven, which has used the program for about 10 years.

Patients at Pediatric and Medical Associates are now asked four simple questions that could help indicate a case of asthma:

Has the child had wheezing or whistling in the chest?

Has the child been awakened by a cough?

Has a cough or wheezing prevented physical activity?

Has the child had a lingering cough after a cold?

The questions help doctors identify children with under-the-radar asthma cases.

"We've seen a major decrease in acute asthma attacks," Angoff said.

Simple laminated guides in the office help doctors quickly find the appropriate treatment depending on the symptoms, including direction on which insurers supply which medications.

"It's about giving them simple tools that really make it easier to do Easy Breathing than to not do Easy Breathing," said Jessica Hollenbach, a research associate with the Asthma Center at Connecticut Children's Medical Center.

Easy Breathing has been introduced to more than 400 pediatric clinicians in more than 100 doctor's offices around the state, Hollenbach said, and research into the results shows it helps lower hospital use for asthma treatment.

### **Putting On Airs**

Across the state, nurses, asthma educators and respiratory therapists visited the homes of about 938 people with asthma between 2010 and 2014 under the Putting on Airs program.

A [2010 study by researchers at the state Department of Public Health](#) found that participants in Putting on Airs had fewer unscheduled emergency asthma doctor's visits, fewer days missed from school or work, and fewer times using their rescue inhaler after six months.

"Asthma education is more than providing knowledge," said Bournaki, the state asthma director. "It's also helping the person to change their behavior and take control over their asthma. You can imagine it's very difficult to be teaching in a context where the person is probably exhausted, going to the emergency room and being discharged."

Bournaki said that during home visits, the asthma educator works with the patient to practice using inhalers, talks about their asthma action plan and assesses the home for environmental triggers for asthma attacks. The program involves three follow-up phone calls to touch base and gather more data.

"A lot of people, their asthma is not controlled because they're not using the medication properly," Bournaki said. "It's very critical to spend time assessing how the person is administering the medication."

Meanwhile, the [Connecticut Hospital Association](#) is working with doctors and emergency rooms across the state to also coordinate asthma education.

The initiative is training hospital workers to help patients with medications and push for more patients to have asthma action plans to keep them out of the hospital.

In 2013, only 32.7 percent of Connecticut residents with asthma had ever received an asthma action plan, [shy of the state's 40 percent goal](#), the latest data show.

"For the most part, [asthma is] well managed in an outpatient setting, like a community health center or a primary physician's office," said Madeleine Biondolillo, vice president of population health for the Connecticut Hospital Association, which launched the Connecticut Asthma Initiative last year.

*This story was reported under a partnership with the Connecticut Health I-Team ([www.c-hit.org](http://www.c-hit.org)).*